



# WELL-BEING PLAYBOOK:

## A Guide for Hospital and Health System Leaders

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**AHA Physician Alliance**  
*Shaping the future of care through collaboration.*



**American Hospital Association™**

*Advancing Health in America*

# INTRODUCTION

## The Challenge Facing Health Care Organizations

Health care providers across our diverse workforce are faced with an ever increasing complexity in the systems and approaches we use. In this era of mounting financial pressures, increasing regulatory mandates, rapid technological innovation, and rising consumerism, hospitals and health systems face many challenges to providing high-quality care. To succeed in the midst of these external challenges, hospitals and health systems must have strong leadership and a committed workforce, and they must be alert to the impact of these changes on their entire team. Nearly half of U.S. physicians are experiencing burnout,<sup>1</sup> along with their nursing colleagues and other members of the care team.<sup>2</sup> It is essential that from leadership to front-line, staff work together to address the challenges and stresses that the complexity of health care brings to their committed and dedicated team.



At its core, addressing burnout is about helping care teams recapture the joy and purpose. The goal is not simply an absence of burnout; but to cultivate a culture of well-being so clinicians can best care for their patients. Burnout and well-being are complex cultural issues with no off-the-shelf fix. Hospital and health system leadership must believe in the importance of clinician well-being and commit to making it a strategic imperative.

### Key Terms



**Engagement.** Beyond the absence of burnout, a state where one has a sense of purpose and is fully committed to the organization's mission.



**Professional Satisfaction.** Overall contentedness with a job, whether or not some aspects of the job such as supervision or work content are liked.



**Resiliency.** The ability of an individual or organization to adapt to and bounce back from stress.



**Well-being.** A holistic concept including an individual's health and work-related environmental, organizational and psychosocial factors.

### What is Burnout?

Burnout is a long-term stress reaction defined by having at least one of the following symptoms: 1) emotional exhaustion; 2) depersonalization, including cynicism and a lack of empathy; and 3) a low sense of personal accomplishment.<sup>3</sup> More than half of U.S. physicians experience one of the symptoms of burnout, with high rates among other professionals, including nurses and health care administrators.<sup>4</sup> After controlling for work hours and other factors, the rate of burnout among U.S. physicians is nearly twice that of U.S. workers in other fields, and continues to rise.<sup>5</sup>

### Why Should Hospitals and Health Systems Address Burnout?

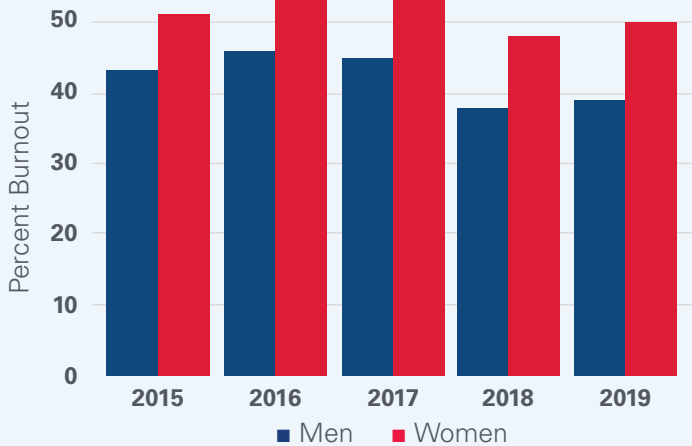
Burnout reflects the total health of an organization, and negatively impacts many aspects of hospital systems, including:

- ✓ **Quality:** burnout increases the risk of patient safety events, and lowers a physician's ability to show empathy, which can result in poor patient satisfaction. Research

also shows a “contagion effect,” with burned out health care workers impacting other team members, which can magnify the negative impact on patient safety and experience.

- ✓ **Financial:** burnout causes reduced job productivity and higher rates of turnover. With an average of \$500,000 to replace a physician and \$88,000 to replace a registered nurse, organizations face substantial replacement costs that could be avoided.<sup>6</sup>
- ✓ **Physical health consequences:** burnout has been associated with an increased risk of chronic disease, including hypertension and diabetes.
- ✓ **Psychological health consequences:** Rates of depression and alcohol abuse are higher among burned out health professionals.<sup>7</sup> For physicians, burnout was linked to 200 percent increased odds of suicidal ideation.<sup>8</sup>

## Physician Burnout Rate



Source: [www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056?faf=1](http://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056?faf=1)

## Factors Associated With Burnout



**Workload.** Excessive, the wrong kind, or emotionally draining work.



**Control.** Insufficient control over resources needed or insufficient authority to pursue work more effectively.



**Reward.** Lack of appropriate rewards (financial, social or intrinsic).



**Community.** Lack of connection with others in the workplace.



**Fairness.** Lack of perceived fairness and mutual respect.



**Values.** Mismatch between personal values and leadership/organizational values or organizational values and actual practice.

Source: [www.annualreviews.org/doi/pdf/10.1146/annurev.psych.52.1.397](http://www.annualreviews.org/doi/pdf/10.1146/annurev.psych.52.1.397)

## What Causes Burnout?

Burnout is caused by a confluence of pressures that directly impact at the level of: 1) the clinician; 2) the hospital or health system and its clinical work environment; and 3) the U.S. health care ecosystem.

For example, at the individual level, poor sleep and inadequate resiliency skills increase the risk for burning out. At the health system level, six key factors are associated with clinician burnout (See graphic to the left). Workload refers to work tasks that are excessive for given resources, emotionally draining, or mismatched to skillset. Lack of control over resources and personal workflow when trying to work more efficiently is another key factor, as is lack of reward and recognition for efforts to best serve patients and colleagues. The breakdown of community, or the inability to connect with other health care professionals due to work demands and design of the workplace also play a role. When the perception of fairness and mutual respect from coworkers and supervisors is not present, the risk of burnout increases. Last, misalignment of values, particularly those stated by an organization with a clinician’s personal values or the reality of practice also may lead to burnout.

Beyond the health system, factors pertaining to the U.S. health care ecosystem, such as regulatory requirements and cultural factors, also impact an individual's well-being through the nature of work tasks and workflow design. The most successful burnout reduction interventions are those which target work environment factors (e.g. documentation burdens, electronic health records inefficiencies), although individually targeted interventions (e.g., mindfulness training, nutrition) also are important. The factors influencing clinician well-being are multifactorial, and thus a multipronged approach is necessary.

## **Role of Health Care Leaders**

Addressing burnout is a shared responsibility. This means that a "top-down" only approach is not enough; we must engage front-line clinicians, patients and caregivers, regulators, and administrators to transform our culture to one of wellness. Clinical and non-clinical health system leaders have a particular opportunity however to drive well-being across their organizations. A study done by Mayo Clinic found that a one-point increase in the leadership score of a direct supervisor was associated with a 3 percent decrease in burnout and 9 percent increase in satisfaction among physicians. Investing resources to build leadership capacity is one of the most critical factors to achieve employee well-being and satisfaction.

## **How to Use This Playbook**

This AHA document is a playbook on well-being tailored specifically for health system leaders to address burnout in their organizations. It contains seven key steps for success and provides real-world case examples of successful interventions deployed in various health system settings to illustrate the steps. For this playbook to most effectively help your organization:

- Bring a team together to discuss the steps and how your organization might address each one.
- Identify a champion for the work and a team to carry out the steps.
- Identify and inventory current programs and resources.
- Access the cases and resources as needed to support your work.
- Track your progress and celebrate the successes.

In addition, the playbook provides links to other trusted resources on well-being.

# SEVEN STEPS TO ORGANIZATIONAL WELL-BEING

The potential for positive impact on those who work in health care and those who we care for when we focus on organizational well-being is boundless. Seven key steps will help you address burnout and transform your health system to a culture of well-being:



**Create infrastructure for well-being**



**Engage your team**



**Measure well-being**



**Design interventions**



**Implement programs**



**Evaluate program impact**



**Create a sustainable culture**

# STEP 1: CREATE INFRASTRUCTURE FOR WELL-BEING

Infrastructure must first be built to create or expand a sustainable culture of well-being. This will require commitment from top leadership, including the chief executive officer (CEO), for well-being efforts and a dedicated budget. A senior executive, such as the CEO or chief medical officer (CMO), should be designated to sponsor well-being efforts at the C-suite level, and leaders from each major clinical department should be identified to champion well-being initiatives at the practice level. The wellness team, composed of the sponsor and champions, will best succeed when protected time is given. Take the time to inventory the resources and programs already available in your organization – involve the full team – and together identify where there may be gaps and areas for improvement. Recognize that your organization may have existing practices which can be expanded to strengthen well-being practices.



**Resource Highlight:** Designating a chief wellness officer is key to ensuring safety and well-being for patients and care givers. [www.nam.edu/clinicianwellbeing/resources/making-the-case-for-the-chief-wellness-officer-in-americas-health-systems-a-call-to-action/](http://www.nam.edu/clinicianwellbeing/resources/making-the-case-for-the-chief-wellness-officer-in-americas-health-systems-a-call-to-action/)



**Case Study:** University of Alabama at Birmingham Health System got creative and partnered with its professional liability insurer to secure a \$1.5M gift that now endows a chief wellness officer and funds well-being initiatives across the system. [www.aha.org/system/files/2018-10/plf-case-study-uab.pdf](http://www.aha.org/system/files/2018-10/plf-case-study-uab.pdf)



**Case Study:** Avera Health's CMO advocated to include well-being as a line item on the budget before formation of a well-being committee. Avera designated a full-time well-being director and trains and employs clinicians as part-time peer coaches to reach providers across their broad geography. [www.aha.org/system/files/2018-10/plf-case-study-avera-health.pdf](http://www.aha.org/system/files/2018-10/plf-case-study-avera-health.pdf)



**Resource Highlight:** Making time for team meetings and including a common exercise from Schwartz Rounds®, can transform teams and build a strong community. [catalyst.nejm.org/clinician-burnout-community-building/](http://catalyst.nejm.org/clinician-burnout-community-building/)

For more on Schwartz Rounds®, visit [www.theschwartzcenter.org](http://www.theschwartzcenter.org).



# STEP 2: ENGAGE YOUR TEAM

Because the path to wellness requires a team-based approach and burnout is highly stigmatized, these concepts must be socialized across the system. The wellness team should facilitate small group sessions and consider administering open-ended surveys to get feedback from front-line providers, non-clinical administrators and clinician executives. The best experts to identify work challenges and the most impactful solutions are those clinicians who work on the front lines, therefore truly listening is key. Soliciting input provides double the reward as it is both a key process step and a treatment for burnout.



**Resource Highlight:** In this podcast, Ron Paulus, M.D., president and CEO of Mission Health, discusses the work being done at Mission to improve resilience among staff. He highlights the important elements of building a successful resilience strategy and how to include well-being in calculating return on investment. [soundcloud.com/advancinghealth/building-a-resiliency-strategy-featuring-dr-ronald-paulus-mba/s-njmNb](https://soundcloud.com/advancinghealth/building-a-resiliency-strategy-featuring-dr-ronald-paulus-mba/s-njmNb)



**Case Study:** WellSpan York Hospital started with a simple question to its physicians, “How can we improve your life?” With a tremendous response rate, WellSpan quickly identified the most meaningful interventions and was able to deploy them with limited resources. [www.aha.org/system/files/2018-10/plf-case-study-wellspan.pdf](http://www.aha.org/system/files/2018-10/plf-case-study-wellspan.pdf)



**Case Study:** University of Rochester Medicine deployed a wellness survey to physicians and nurse practitioners to understand the incidence of burnout and leading workplace factors that drive burnout. The survey helped the organization identify and prioritize four rounds of feasible, high-impact system changes. [www.aha.org/system/files/2018-11/plf-case-study-URM.pdf](http://www.aha.org/system/files/2018-11/plf-case-study-URM.pdf)



**Resource Highlight:** Educating people on the dimensions of well-being is one of the most important things organizations can do to address this issue. Patrice Weiss, M.D., executive vice president and CMO of Carilion Clinic, discusses how Carilion talks about resiliency and burnout in this podcast: [soundcloud.com/advancinghealth/discussing-resiliency-and-burnout-featuring-dr-patrice-weiss-facog/s-adXcT](https://soundcloud.com/advancinghealth/discussing-resiliency-and-burnout-featuring-dr-patrice-weiss-facog/s-adXcT)

# STEP 3: MEASURE WELL-BEING

Well-being is essential to quality and patient safety. Measure well-being at least annually to benchmark and evaluate ongoing initiatives. There are several effective survey tools to measure employee well-being in hospitals and health systems. Encourage employees to respond to the survey honestly with the understanding that responses are confidential. Beware of the trap of worsening burnout by administering a survey and not providing follow up. Frequent follow up to survey participants for issues raised, even if to explain why a particular issue is not currently solvable, is critical.



**Resource Highlight:** The National Academy of Medicine Clinician Well-being Knowledge Hub has compiled a list of validated burnout survey tools with comparisons to help with choosing the right tool for your organization. [nam.edu/clinicianwellbeing/](https://nam.edu/clinicianwellbeing/)



**Case Study:** Minnesota Hospital Association adapted an existing burnout survey and deployed it through its CEO and CMO well-being champions across its member hospitals. In the first year, 75 percent of hospitals participated in the survey, with the majority of these sites developing local action plans that were discussed with employees. [www.aha.org/system/files/2018-11/plf-case-study-mha.pdf](https://www.aha.org/system/files/2018-11/plf-case-study-mha.pdf)



**Case Study:** University of Alabama at Birmingham Health System (UAB) expanded their annual faculty engagement survey to measure the rate of stress and burnout among senior physicians and trainees (i.e., residents, fellows and interns). UAB then identified and implemented organizational tactics to address the identified drivers of burnout. [www.aha.org/system/files/2018-10/plf-case-study-uab.pdf](https://www.aha.org/system/files/2018-10/plf-case-study-uab.pdf)



**Resource Highlight:** The American Academy of Family Physicians highlights a program that used survey results to drive change in residency training. [www.aafp.org/news/education-professional-development/20190416beyondburnout.html](https://www.aafp.org/news/education-professional-development/20190416beyondburnout.html)



# STEP 4: DESIGN INTERVENTIONS

Talking to your people and measuring well-being will help you identify the top drivers of stress and burnout among clinicians, and solutions that are both feasible and effective. Interventions for well-being fall into six main categories as described below.



**Improving Input:** Engaging front-line health care professionals to identify system issues and empowering them to develop and implement solutions



**Case Study:** WellSpan York Hospital conducted a survey that was so successful that 90 percent of participating physicians wrote in solutions to improve well-being. Improving quality systems emerged as a major theme, and now the quality committee has transitioned from a low-impact, administrator-led committee to a proactive, physician-led committee. [www.aha.org/system/files/2018-10/plf-case-study-wellspan.pdf](http://www.aha.org/system/files/2018-10/plf-case-study-wellspan.pdf)



**Increasing Recognition:** Appreciating and rewarding employees for their heroic or “above-and-beyond” acts they do on a daily basis as part of their job.



**Resource Highlight:** The Daisy Foundation’s DAISY Award for Extraordinary Nurses is a widely used recognition program that improves nurse engagement, satisfaction and patient experience. [daisyfoundation.org/daisy-award](http://daisyfoundation.org/daisy-award)



**Improving Quality:** Implementing programs that address systemic quality and safety issues.



**Case Study:** The HCA Healthcare new nursing clinical documentation program reduced documentation time and produced information from electronic documentation to inform clinical decision-making. Both system- and individual-level data are available to evaluate compliance with clinical protocols and checklists, without additional documentation burden to nurses. [www.aha.org/system/files/2018-10/plf-case-study-HCA-health.pdf](http://www.aha.org/system/files/2018-10/plf-case-study-HCA-health.pdf)



**Resource Highlight:** The AHA Team Training program is a proven method to strengthen team-based care to improve and sustain quality care in health systems. A comprehensive set of ready-to-use materials and a training curriculum are available to successfully integrate teamwork principles into any health care system. AHA Team Teaming aims to transform teams of experts into an expert team. [connect.healthforum.com/HFC-TeamStepps-2019\\_TeamStepps-LP-2019.html](http://connect.healthforum.com/HFC-TeamStepps-2019_TeamStepps-LP-2019.html)



**Improving Efficiency:** Implementing programs that increase the efficiency of care delivery with a priority to enable each care team to work at the “top of their license.”



**Case Study:** Erlanger Health System deployed a series of interventions to improve efficiency including creating protocols to empower non-physician staff to safely process prescription refills and providing voice recognition software to all providers to speed up EHR documentation. [www.aha.org/physicians/well-being/erlanger](http://www.aha.org/physicians/well-being/erlanger)



**Case Study:** To comply with Evaluation and Management (E/M) billing documentation, physicians were often duplicating work already done by ancillary staff. Trinity Health System redesigned their History of Present Illness policy to enable medical assistants (MA) documentation for billing in compliance with CMS guidelines, decreasing physician burden and increasing the value of MAs as part of the care team. [www.aha.org/physicians/well-being/trinity](http://www.aha.org/physicians/well-being/trinity)



**Increasing Resiliency:** Providing training, coaching and time for individuals to build resiliency skills.



**Case Study:** Novant Health created its own intensive leadership development program to build resiliency, wellness and leadership skills among its employees, resulting in Press Ganey engagement scores rising from the 62nd to the 89th percentile. [www.aha.org/system/files/2018-11/plf-case-study-novant.pdf](http://www.aha.org/system/files/2018-11/plf-case-study-novant.pdf)



**Resource Highlight:** Duke University Health System developed a web-based program that leverages the science of positive thought to increase resiliency and well-being for its employees. [www.youtube.com/watch?v=p5nEcyhsByM&feature=youtu.be](http://www.youtube.com/watch?v=p5nEcyhsByM&feature=youtu.be)



**Cultivating Community:** Redesigning the physical environment and workflow to re-humanize the practice of medicine and increase interactions between colleagues.



**Case Study:** Avera Health created spaces for community and peer-to-peer support and well-being coaches went to local clinics facilitating lunchtime discussions on well-being for providers. In addition, teams conducted Schwartz rounds at Avera hospitals. Well-being is now embedded in the culture of Avera Health. [www.aha.org/system/files/2018-10/plf-case-study-avera-health.pdf](http://www.aha.org/system/files/2018-10/plf-case-study-avera-health.pdf)



**Resource Highlight:** Frank Byrne, M.D., featured on our AHA podcast, discusses simple but effective tactics implemented to cultivate well-being at St. Mary's Hospital. [soundcloud.com/advancinghealth/changing-culture-featuring-dr-frank-byrne/s-H6wMw](https://soundcloud.com/advancinghealth/changing-culture-featuring-dr-frank-byrne/s-H6wMw)

# STEP 5: IMPLEMENT PILOTS

The wellness team should aim to first deploy initiatives that are easily operationalized to help build buy-in and momentum for more complex and challenging interventions. Alignment to current operational priorities and selection of a willing and engaged group of clinicians to pilot test initiatives will increase success. Preparation is key; spend time to educate those who will be affected by the initiative, solicit their feedback and be transparent about timelines. Last, make it fun. Celebrate program kick-offs and recognize those involved in creating the wellness initiative.



**Resource Highlight:** Geisinger shares their journey to ameliorate stressors faced by health care workers by improving the provider experience. From the Geisinger Center for Professionalism and Provider Support, Charlotte Collins, Ph.D., director, and Monica McCarthy, MHSA, program manager, cover system and individual approaches to enhance the well-being and resiliency of providers. The team also describes a comprehensive stakeholder and gap analysis to inform their efforts. [youtu.be/NzsHu3znNVg](https://youtu.be/NzsHu3znNVg)



**Case Study:** University of Rochester Medicine (URM) bridged the challenge of getting resources to address burnout among competing organizational priorities by reframing clinician well-being as a patient experience issue. Alignment with existing operational priorities has resulted in the institution's public commitment to well-being. URM will also be deploying managerial training to division chiefs and administrative leaders on human factors and well-being. [www.aha.org/system/files/2018-11/plf-case-study-URM.pdf](http://www.aha.org/system/files/2018-11/plf-case-study-URM.pdf)

# STEP 6: EVALUATE IMPACT

As the wellness team implements various programs a constant eye should be kept on the impact of these programs. In concert with designing interventions, a plan for evaluating program impact should be made. Because the causes of burnout are multifactorial, one intervention may not change the overall rate of burnout among staff. It is important to both incorporate process metrics like perception of control over workflow, or satisfaction with a particular aspect of clinical care, and outcome metrics for evaluating how effective a program has been. Open ended-survey questions and post-event surveys are great ways to learn more about your program's impact.



**Resource Highlight:** This article from the journal *Open Medicine*, provides an overview of interventions used to address physician burnout and systematically summarizes published studies identifying shared, important techniques used in successful interventions. [www.ncbi.nlm.nih.gov/pmc/articles/PMC6034099/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC6034099/)



**Case Study:** To allow for continuous input from frontline nurses on ongoing documentation and workflow initiatives, HCA Healthcare formed a governance structure that provides a conduit for a nurse to bring an idea up to the regional chief nursing officer (CNO) council for consideration. Additionally, HCA now has the capacity to evaluate program impact to the level of the nurse or unit using data captured from the EHR that is pulled into a national data repository. [www.aha.org/system/files/2018-10/plf-case-study-HCA-health.pdf](http://www.aha.org/system/files/2018-10/plf-case-study-HCA-health.pdf)

# STEP 7: CREATE A SUSTAINABLE CULTURE

The wellness team should continue to survey employees on a regular basis, periodically review the effectiveness of current well-being programs and develop initiatives to address new challenges and threats to well-being. Once a program has been piloted and refined, an implementation plan to spread it across relevant parts of the organization should be made and executed. To sustain engagement around well-being, celebrate wellness wins often and loudly. Regular updates to leaders and staff during meetings or creating an easily accessible dashboard of well-being projects will help keep all engaged and continue to focus organizational effort on well-being.



**Resource Highlight:** The AHA Physician Leadership Experience helps participants create a professional strategy to offset the demands of the fast-paced, unrelenting health care environment. Participants develop a powerful ability to create new skills, patterns and rituals that intentionally create equilibrium between the competing dimensions of their lives. [www.aha.org/system/files/media/file/2019/05/Leadership-Experience-2019.pdf](http://www.aha.org/system/files/media/file/2019/05/Leadership-Experience-2019.pdf)



**Resource Highlight:** The American Medical Association's STEPS Forward initiative is a growing movement to highlight improvement strategies at the clinical practice level and in outpatient settings and compliments this playbook with additional tips to create a sustainable well culture. [edhub.ama-assn.org/steps-forward/pages/professional-well-being](http://edhub.ama-assn.org/steps-forward/pages/professional-well-being)



**Case Study:** Minnesota Hospital Association used data to drive decisions, developing action plans, employing a quality improvement model such as Plan-Do-Check-Adjust, and developing strong relationships and frequent contact between MHA and health system leadership help uphold clinician well-being as a statewide and organizational priority. [www.aha.org/system/files/2018-11/plf-case-study-mha.pdf](http://www.aha.org/system/files/2018-11/plf-case-study-mha.pdf)



**Case Study:** Novant Health implemented an executive coaching program to support employees, as well as numerous organizational initiatives to address burnout. Over several years, the program has demonstrated a sustained increase in employee engagement and significant success in improving patient experience. Program graduates have spearheaded efforts to lessen administrative burden by applying principles of empathetic communication, being present and resiliency are now integrated into the onboarding process for all new hires. [www.aha.org/system/files/2018-11/plf-case-study-novant.pdf](http://www.aha.org/system/files/2018-11/plf-case-study-novant.pdf)



# CONCLUSION

Addressing burnout among physicians and other health care professionals is a top challenge facing hospitals and health systems today, and fundamental to delivering high quality care. As health care continues to push the edges of what is possible in the care of our patients, we also must ensure that we focus on the care of our teams so they may best help our communities. **This playbook will help you take action by systematically tackling drivers of burnout and implementing changes to promote well-being. The process will take time, but the journey to a strong sustainable culture begins with a few steps.**

## Appendix:

The AHA Physician Alliance offers experiences and education events to address resilience, an in-depth knowledge hub with research and assessment tools as well as interviews with leaders and case examples addressing burnout.

- [\*Validated instrument to assess work-related dimensions of well-being\*](#)
- [\*Resilience and Well-Being knowledge hub\*](#)
- [\*Issue Brief: Cultivating Resilience to Address Health and Well-being\*](#)
- [\*The Field in Action: Case Studies\*](#)
- [\*Regulatory Overload: Assessing the Regulatory Burden on Health Systems, Hospitals and Post-acute Care Providers\*](#)

## Sources:

1. [www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056?faf=1](http://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056?faf=1)
2. [search.proquest.com/openview/230ba7e00a6e816d1361c3665365baae/1?cbl=30764&pq-origsite=gscholar](http://search.proquest.com/openview/230ba7e00a6e816d1361c3665365baae/1?cbl=30764&pq-origsite=gscholar)
3. [www.researchgate.net/publication/277816643\\_The\\_Maslach\\_Burnout\\_Inventory\\_Manual](http://www.researchgate.net/publication/277816643_The_Maslach_Burnout_Inventory_Manual)
4. [jamanetwork.com/journals/jama/article-abstract/2702870](http://jamanetwork.com/journals/jama/article-abstract/2702870)
5. [www.mayoclinicproceedings.org/article/S0025-6196\(15\)00716-8/abstract](http://www.mayoclinicproceedings.org/article/S0025-6196(15)00716-8/abstract)
6. [www.ncbi.nlm.nih.gov/pubmed/28973070](http://www.ncbi.nlm.nih.gov/pubmed/28973070)
7. [www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056?src=ban\\_burnout2019\\_desk\\_mscpmrk\\_hp#1](http://www.medscape.com/slideshow/2019-lifestyle-burnout-depression-6011056?src=ban_burnout2019_desk_mscpmrk_hp#1)
8. [www.ncbi.nlm.nih.gov/pubmed/21242446](http://www.ncbi.nlm.nih.gov/pubmed/21242446)